Amendment to the Claims:

This listing of claims will replace all prior versions and listings of the claims in the application:

Listing of Claims:

Claim 1 (currently amended): A method of treating multiple sclerosis (MS), comprising administering to an individual in need thereof a combination treatment comprising a pharmaceutically-effective amount of both ~~a combination of~~ chaperonin 10 (cpn10) and IFN-β, wherein the amount of IFN-β ~~administered in the combination~~ is suboptimal such that the administration of the suboptimal ~~at an amount that would be clinically ineffective if administered alone, and the administered, clinically ineffective~~ amount of IFN-β ~~administered in the combination with cpn10~~ does not produce IFN-β–induced side effects in the individual and the suboptimal amount of IFN-β is not effective if administered alone to the individual.

Claim 2 (canceled)

Claim 3 (previously presented): The method of claim 1, wherein IFN-β and cpn10 are administered together in the same formulation.

Claim 4 (previously presented): The method of claim 1, wherein IFN-β and cpn10 are administered separately in different formulations.

Claim 5 (previously presented): The method of claim 1, wherein the IFN-β and the cpn10, or, the IFN-β or the cpn10, are administered by injection.

Claim 6 (previously presented): The method of claim 1, wherein the IFN-β and the cpn10, or, the IFN-β or the cpn10, is administered orally.

Claim 7 (previously presented): The method of claim 5, wherein only the IFN-β is administered by injection.

Claim 8 (previously presented): The method of claim 1, wherein the pharmaceutically effective amount of cpn10 comprises 5-60 mg of cpn10.

Claim 9 (previously presented): The method of claim 8, wherein the pharmaceutically-effective amount of cpn10 comprises 10-30 mg of cpn10.

Claim 10 (previously presented): The method of claim 1, wherein the pharmaceutically-effective amount of IFN-β comprises 1-10 Million International Units (MIU) of IFN-β.

Claim 11 (previously presented): The method of claim 10, wherein the pharmaceutically-effective amount of IFN-β comprises 4-6 MIU of IFN-β.

Claims 12 to 24 (canceled)

Claim 25 (currently amended): A method of treating multiple sclerosis (MS) in an individual taken off IFN-β treatment or having reduced dose IFN-β treatment because of IFN-β-induced side effects, comprising administering to an individual in need thereof a combination treatment comprising pharmaceutically-effective amounts of both ~~a combination of~~ chaperonin 10 (cpn10) and IFN-β, wherein the IFN-β is administered at a dose that ~~dosage in the combination~~ does not produce IFN-β–induced side effects in the individual ~~and the dosage of IFN-β in the combination would not be clinically effective if administered alone~~.

Claim 26 (canceled)

Claim 27 (previously presented): The method of claim 1, wherein the cpn10 and IFN-β, or, cpn10 or IFN-β, are administered in a pharmaceutical composition comprising a pharmaceutically-acceptable carrier or a diluent.

Claim 28 (previously presented): The method of claim 27, wherein the cpn10 and the IFN-β are provided in a separate container.

Claim 29 (previously presented): The method of claim 27, wherein the cpn10 and IFN-β, or, cpn10 or IFN-β, are provided initially in a dehydrated form, which before administration, are rehydrated by a pharmaceutically-acceptable carrier or diluent.

Claim 30 (previously presented): The method of claim 27, wherein the cpn10 is administered in a tablet or a capsule form.

Claim 31 (canceled)

Claim 32 (currently amended): A method for treating multiple sclerosis (MS), comprising

(a) providing a pharmaceutical composition comprising ~~a combination of~~ cpn10 and IFN-β, or providing two pharmaceutical compositions each comprising cpn10 or IFN-β; and

(b) administering to an individual in need thereof a pharmaceutically-effective amount of ~~a combination of~~ cpn10 and IFN-β,

wherein the IFN-β is administered ~~in the combination~~ at a dose that does not produce IFN-β–induced side effects in the individual~~, and the dosage of IFN-β in the combination would not be clinically effective if administered alone~~.

Claim 33 (previously presented): The method of claim 1, wherein the pharmaceutically effective amount of cpn10 comprises administering about 5 to 60 mg of cpn10 to a 70 kg individual.

Claim 34 (previously presented): The method of claim 33, wherein the pharmaceutically effective amount of cpn10 comprises administering about 10 to 30 mg of cpn10 to a 70 kg individual.

Claim 35 (previously presented): The method of claim 1, wherein the pharmaceutically effective amount of IFN-β comprises administering about 1 to 10 Million International Units (MIU) of IFN-β.

Claim 36 (previously presented): The method of claim 35, wherein the pharmaceutically effective amount of IFN-β comprises administering about 4 to 6 Million International Units (MIU) of IFN-β.

Claim 37 (previously presented): The method of claim 25, wherein the cpn10 and IFN-β, or, cpn10 or IFN-β, are administered in a pharmaceutical composition comprising a pharmaceutically-acceptable carrier or a diluent.

Claim 38 (previously presented): The method of claim 37, wherein the cpn10 and the IFN-β are provided in a separate container.

Claim 39 (previously presented): The method of claim 37, wherein the cpn10 is administered in a tablet or a capsule form.

Claims 40 to 42 (canceled)

Claim 43 (currently amended): A method of treating multiple sclerosis (MS) in an individual taken off IFN-β treatment or having reduced dose IFN-β treatment because of IFN-β-induced side effects, comprising administering to an individual in need thereof a combination treatment comprising pharmaceutically-effective amounts of both ~~a combination of~~ chaperonin 10 (cpn10) and IFN-β, wherein the IFN-β is administered at a dose that ~~dosage in the administered combination~~ does not produce IFN-β–induced side effects in the individual, ~~and the dosage of IFN-β in the combination would not be clinically effective if administered alone,~~

wherein the cpn10 is administered daily and the IFN-β is administered once weekly or thrice weekly.

Claim 44 (currently amended): A method for delaying relapse to an active from an inactive state of multiple sclerosis (MS), comprising

(a) providing two pharmaceutical compositions each comprising cpn10 or IFN-β, wherein one of the pharmaceutical compositions comprises cpn10 and the other pharmaceutical composition comprises IFN-β; and

(b) administering to an individual in need thereof a pharmaceutically-effective amount of a combination of the cpn10 and IFN-β, wherein the cpn10 is administered daily and the IFN-β is administered once weekly or thrice weekly, and the IFN-β is administered at a dose that ~~dosage in the administered combination~~ does not produce IFN-β–induced side effects in the individual~~, and the dosage of IFN-β in the combination would not be clinically effective if administered alone~~.